

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-470)								SERIAL NO	FILING DATE		
								APPLICANT/ET			
CLAIMS											
AS FILED		AFTER SEARCH/REVIEW		AFTER AMENDMENT				EHO.	OCP.	EHO.	OCP.
		EHO.	OCP.	EHO.	OCP.						
1	1							61			
2								62			
3								63			
4								64			
5								65	1		
6								66			
7								67			
8								68			
9								69			
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22								82			
23								83	1		
24								84			
25								85			
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27								87			
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29								89			
30								90			
31								91			
32	1							92			
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44											
45											
46											
47											
48											
49											
50											
TOTAL EHO.								5			
TOTAL OCP.								94			
TOTAL								99			